BIA USE ONLY

OMB Control No. 1076-0180

Exp. Date: 01/31/2020

NRC#:	Reviewed by:	
BIA Tracking Number:	Class of Spill:	Date Scanned:



## Spill Reporting and Remediation Form

Operator:				
Date of Occurrence:		Time of Occurrence:		
Date Report to Osage Agency:		Time Report to Osage Agency:		
Reported by:		Phone Number:		
Location: Quarter: Section: Township: Range		Private or Restricted Land (BIA use only)		
Latitude:		Longitude:		
Lease Name:		Well Name:		
Cause of and Extent of Event:				
Equipment Failure  Fire  Fire	Accident	Theft [	Other	
	Volume Dischar	rged (bbls):	Volume Recovered (bbls):	Volume Lost (bbls):
Oil:				
Water:				
Other:				
	Yes	3	No	Unknown
Surface Water Impacted?				
Impact to vegetation or soils				
Fish and/or Wildlife				
Livestock Impacted?				
If "Yes" is checked above, please describe:				
What did you do to control the spill event?				

Osage Agency Form Revised: July 14, 2016

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How did you clean up	p/remediate the spill are and what dates did the activities occur?
How do you plan to r	restore vegetation to the site?
What actions did you	take to prevent this occurring again?
I certify that I hav	e corrected all violations and lease deficiencies related to the above described lease, as listed in
	ncy and/or Orders of the Superintendent served upon me and that the lease is now in compliance
_	ns found at 25 CFR Part 226 in respect to the spill incident. I have attached photos and other ecssary to show that that the work has in fact been complete. I have sent a copy of this
	o the surface owner.
I acknowledge tha	it, failure to remediate the above location may result in the assessment of fines and penalties by
_	to 25 CFR 226.42 and 25 CFR 226.43(j), or that other enforcement action may be taken.
Name (Printed)	
	Company's Authorized Representative
Signature	
	Company's Authorized Representative
Date	

Revised: July 14, 2016 Osage Agency Form